

**Regional Center of Orange County
Home and Community-based Services Waiver
Monitoring Review Report**

Conducted by:

**Department of Developmental Services
and
Department of Health Care Services**

October 1-12, 2007

TABLE OF CONTENTS

EXECUTIVE SUMMARY	page 3
SECTION I REGIONAL CENTER SELF ASSESSMENT	page 7
SECTION II REGIONAL CENTER CONSUMER RECORD REVIEW	page 10
SECTION III COMMUNITY CARE FACILITY RECORD REVIEW	page 16
SECTION IV DAY PROGRAM CONSUMER RECORD REVIEW	page 19
SECTION V CONSUMER OBSERVATIONS AND INTERVIEWS	page 22
SECTION VI	
A. SERVICE COORDINATOR INTERVIEWS	page 23
B. CLINICAL SERVICES INTERVIEW	page 25
C. QUALITY ASSURANCE INTERVIEW	page 28
SECTION VII	
A. SERVICE PROVIDER INTERVIEWS	page 29
B. DIRECT SERVICE STAFF INTERVIEWS	page 30
SECTION VIII VENDOR STANDARDS REVIEW.....	page 31
SECTION IX SPECIAL INCIDENT REPORTING.....	page 32
SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS	page 34

EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from October 1-12, 2007 at Regional Center of Orange County (RCOC). The monitoring team members were Linda Rhoades (Team Leader), Ray Harris, Mike Haft and Jim Knight from DDS, and Raylyn Garrett, Annette Hanson, and Katherine Page from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 68 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) three consumers whose HCBS Waiver eligibility had been previously terminated; and 2) ten consumers who had special incidents reported to DDS during the review period of August 1, 2006 – July 31, 2007.

The monitoring team completed visits to 12 community care facilities (CCFs) and 12 day programs. The team reviewed 12 CCF and 22 day program consumer records and had face-to-face visits with 52 selected sample consumers.

Overall Conclusion

RCOC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by RCOC are included in the report findings. DDS is requesting documentation of follow-up actions taken by RCOC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Self Assessment

The self assessment responses indicated that RCOC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

Section II – Regional Center Consumer Record Review

Sixty-eight sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. The sample records were 97-100% in compliance for 28 applicable criteria. Three criteria were rated as not applicable for this review.

The sample records were 99% in compliance for this review. RCOC's records were 99% in overall compliance for the collaborative reviews conducted in 2005 and in 2004.

Section III – Community Care Facility Consumer (CCF) Record Review

Twelve consumer records were reviewed at 12 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 19 criteria. RCOC's records were 98% and 100% in overall compliance for the collaborative reviews conducted in 2005 and in 2004, respectively.

Section IV – Day Program Consumer Record Review

Twenty-two consumer records were reviewed at 12 day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 100% in compliance for the 17 criteria. RCOC's records were 99% in overall compliance for the collaborative reviews conducted in 2005 and in 2004.

Section V – Consumer Observations and Interviews

Fifty-two sample consumers were observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that the consumers were in good health and were treated with dignity and respect. The interviewed consumers indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Thirteen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, and the monitoring of services, health issues and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

RCOC's director of the Health Resources Group and a nurse consultant were interviewed using a standard interview instrument. They responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, the clinical team's participation in the Risk Management Committee, and issues with Medi-Cal funded services.

Section VI C – Quality Assurance Interview

Two quality assurance (QA) coordinators and the QA consultant were interviewed using a standard interview instrument. The staff responded to informational questions regarding how RCOC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Eight CCF and four day program service providers were interviewed using a standard interview instrument. The twelve service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Six CCF and three day program direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed eight CCFs and two day programs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. All of the reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 68 HCBS Waiver consumers and- ten supplemental sample consumers for special incidents during the review period. For the HCBS waiver sample, RCOC reported all but one special incident. For the supplemental sample, the service providers and RCOC reported the ten incidents within the required timeframes. RCOC's follow-up activities on consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF ASSESSMENT

I. Purpose

The regional center self assessment addresses the California Home and Community-based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self assessment obtains information about Regional Center of Orange County's (RCOC) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

RCOC is asked to respond to questions in five categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

The self assessment responses indicate that RCOC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

- ✓ The full response to the self assessment is available upon request.

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level of care need determinations consistent with the need for institutionalization	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP).</p> <p>The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>

Regional Center Self Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement. Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs	The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting. Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status. The regional center uses feedback from consumers, families and legal representatives to improve system performance. The regional center documents the manner by which consumers indicate choice and consent.

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA) and fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program reviews.

II. Scope of Review

1. Sixty-eight HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	26
With Family	20
Independent or Supported Living Setting	22

2. The review period covered activity from August 1, 2006 - July 31, 2007.

III. Results of Review

The 68 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that RCOC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility or the consumer had voluntarily disenrolled from the HCBS Waiver. Three criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 26 criteria. There are no recommendations for these criteria.
- ✓ Findings for two criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (*SMM 4442.7*), (*42 CFR 441.302(d)*)

Findings

Sixty-six of the 68 (97%) sample consumer records contained a completed DS 2200 form. However, the DS 2200 forms in the records for consumers #XX and #XX were not dated to indicate when the forms were signed.

2.2 Recommendation	Regional Center Plan/Response
RCOC should ensure that all DS 2200 forms are dated to indicate when the forms were signed.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all paperwork including the assurance that DS2200 forms are dated when they are signed.

- 2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

Findings

Forty-six of the 47 (98%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the record for consumer #XX contained only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
RCOC should ensure that future reports of progress are completed each quarter for consumer #XX.	RCOC will continue to provide ongoing training and oversight to service coordinators regarding the comprehensive completion of all IPPs and attending paperwork including quarterly progress reports for all consumers living in community out-of-home settings.

Regional Center Consumer Record Review Summary Sample Size = 68 + 3 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	68			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	68			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	68			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	68			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	6		62	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	66	2		97	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	3		68	100	None

Regional Center Consumer Record Review Summary
Sample Size = 68 + 3 Supplemental Record

	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	68			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	68			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	68			100	None
2.6.a	IPP is reviewed (<i>at least annually</i>) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	68			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)			68	N/A	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	68			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.			68	N/A	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	68			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	68			100	None

Regional Center Consumer Record Review Summary
Sample Size = 68 + 3 Supplemental Record

	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	68			100	None
2.9.b	The IPP addresses the special health care requirements.	27		41	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	26		42	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	45		23	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	22		46	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	68			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	9		59	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	68			100	None
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	68			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	1		67	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	68			100	None

Regional Center Consumer Record Review Summary Sample Size = 68 + 3 Supplemental Record						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic review and reevaluations of consumer progress are completed (<i>at least annually</i>) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. (<i>WIC §4646.5(a)(6)</i>)	68			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	48		20	100	None
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (<i>Title 17, CCR, §56047</i>), (<i>Title 17, CCR, §56095</i>), (<i>Title 17, CCR, §58680</i>), (<i>Contract requirement</i>)	47	1	20	98	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. (<i>WIC §4418.3</i>)			68	N/A	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Twelve consumer records were reviewed at 12 CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 100% in compliance for the 19 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

Community Care Facility Record Review Summary Sample Size: Consumers = 12; CCFs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. (<i>Title 17, CCR, §56017(b)</i>), (<i>Title 17, CCR §56059(b)</i>), (<i>Title 22, CCR, §80069</i>)	12			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	12			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	11		1	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	12			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	12			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	12			100	None
3.1.i	Special safety and behavior needs are addressed.	9		3	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. (<i>Title 17, CCR, §56019(c)(1)</i>)	12			100	None
3.3	The facility has a copy of the consumer's current IPP. (<i>Title 17, CCR, §56022(c)</i>)	12			100	None

Community Care Facility Record Review Summary Sample Size: Consumers = 12; CCFs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. (<i>Title 17, CCR, §56026(b)</i>)	6		6	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	6		6	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. (<i>Title 17, CCR, §56026(c)</i>)	6		6	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	6		6	100	None
3.5.c	Quarterly reports include a summary of data collected. (<i>Title 17, CCR, §56013(d)(4)</i>), (<i>Title 17, CCR, §56026</i>)	6		6	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. (<i>Title 17, CCR §56026(a)</i>)	12			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	9		3	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	5		7	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	5		7	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. (<i>Title 17, CCR, §54327</i>)	5		7	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Twenty-two sample consumer records were reviewed at 12 day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

III. Results of Review

1. The consumer records were 100% in compliance for the 17 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

Day Program Record Review Summary Sample Size: Consumers = 22; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. (<i>Title 17, CCR, §56730</i>)	22			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	22			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	22			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	22			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	22			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	22			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	22			100	None

Day Program Record Review Summary Sample Size: Consumers = 22; Day Programs = 12						
	Criteria	+	-	N/A	% Met	Follow-up
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	22			100	None
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	8		14	100	None
4.2	The day program has a copy of the consumer's current IPP. (<i>Title 17, CCR §56720(b)</i>)	22			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. (<i>Title 17, CCR, §56720(a)</i>)	22			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	22			100	None
4.4.a	The day program prepares and maintains written semiannual reports. (<i>Title 17, CCR, §56720(c)</i>)	22			100	None
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	22			100	None
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	3		19	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (<i>Title 17, CCR, §54327</i>)	3		19	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issue and eliminate or mitigate future risk. (<i>Title 17, CCR, §54327</i>)	3		19	100	None

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

II. Scope of Observations and Interviews

Fifty-two of 68 consumers were observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Forty-three consumers agreed to be interviewed by the monitoring teams.
- ✓ Nine consumers were non-verbal, but were observed.
- ✓ Seven consumers were unavailable or declined to be interviewed.
- ✓ Nine minors were not scheduled to be interviewed or observed.

III. Results of Observations and Interviews

All of the consumers interviewed indicated satisfaction with their living situation, day program, work activities, health, choice, and regional center services. The consumers overall appearance reflected personal choice and individual style.

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the IPP/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed 13 Regional Center of Orange County (RCOC) service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to pharmacology, the service coordinators utilize the RCOC nurse consultants and medication guides as resources. Specialists are available to assist the service coordinators in assuring appropriate services in the areas of medical, behavioral, psychological, and dental needs. RCOC's clinical team schedules new

employee training on medications and side effects, and offers periodic trainings on new and commonly used medications.

4. The service coordinators monitor the consumers' services, health and safety during periodic visits. The service coordinators were knowledgeable about the special incident report (SIR) process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed. RCOC quality assurance (QA) staff provide training regarding SIRs to the service coordinators two times a year. The QA staff utilize information gained from risk management trend analysis to train service coordinators on current health and safety issues.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

II. Scope of Interview

1. The monitoring team interviewed the Regional Center of Orange County (RCOC) director of the Health Resources Group and a nurse consultant.
2. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues; medications; behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in the risk management, assessment and planning committee; special incident reports; availability of Medi-Cal providers; and issues with billing for Medi-Cal services.

II. Results of Interview

1. The clinical team, called the Health Resources Group, includes a variety of disciplines such as a child neurologist, pediatrician, consulting adult psychologist, staff psychologists, behavior analysts, and nurse consultants.
2. Medical issues, or “special health needs” of consumers may be identified in several ways:
 - ✓ when a nursing assessment is done
 - ✓ when a service coordinator has concerns about a significant change in a consumer’s health
 - ✓ during clinical team reviews of special incident reports
 - ✓ during reviews of consumers’ individual program plan (IPP)
3. The clinical team monitors consumers’ medications through chart and individual case reviews. Consumers taking two or more psychotropic medications are referred to the RCOC/University of California Irvine (UCI) Neurodevelopmental Behavior Clinic for assessment. The clinic reports their findings and makes recommendations to RCOC who then relays the

information to the consumer's primary care physician, prescribing psychiatrist and the family/care provider.

4. Consumers' behavior plans are reviewed by the regional center's Behavior Modification Review Committee, the Living Options Resource Group, and the Behavior Resources Group. The clinical team's physicians, behavioral psychologist, and nurses are members of these groups and committees. Additionally, the committees review requests for increased supports and make referrals and recommendations for follow-up care.
5. Consumers identified with mental health needs are referred to Pacific Behavioral Health of California, which has a contract with Orange County to provide services to Medi-Cal recipients. RCOC may also refer consumers to vendored psychiatrists or psychologists for services as needed. The Mental Health Resolutions Committee is comprised of clinical team members who discuss ongoing cases, new referrals, assist with regional center staff training, and review reports from RCOC/UCI Neurodevelopmental Behavior Clinic.
6. The clinical team is available to service coordinators directly, by phone, and via email. Service coordinators have access to the clinical team manual which contains information related to medical, dental, and psychiatric conditions, and has lists of community and generic resources. In addition, nurse consultants, psychologists, and the clinical team meet with service coordinators at each field office on a weekly basis to discuss consumers' health and medication issues. The clinical team also offers training on a wide variety of health-related topics throughout the year. Information packets describing special health conditions and related procedures are also available to service coordinators on RCOC's intranet.
7. RCOC has improved access to health and dental care resources through the use of their benefits specialist and their RN dental coordinator. They work as advocates for consumers with Medi-Cal, Medicare, and private insurance issues. The benefits specialist also works with the California Department of Social Services, In-Home Supportive Services (IHSS) to ensure consumers have the appropriate supports in their homes.
8. The director of the clinical team is a member of the Risk Management Committee. The clinical team participates in the risk management process by monitoring consumer's behavioral, medical, and abuse issues. They review charts of deceased consumers and consumers with special incident reports and then make recommendations to the committee for changes in procedures based on these reviews.
9. RCOC experiences a lack of providers for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). The regional center also has difficulty

obtaining consultations for audiological, vision, and neurological evaluations for EPSDT consumers. Many providers continue to reject CalOptima/Medi-Cal rates and the two providers that do accept these rates have waiting periods of up to six months.

Additionally, RCOC is experiencing gaps in specialty provider groups including: occupational therapy, physical therapy, speech therapy, pediatric orthopedics and psychiatric care. To help resolve these issues, RCOC has provided training to CalOptima Health Plan and to PacifiCare Behavioral Health providers. Additionally, RCOC conducts quarterly trouble shooting meetings with CalOptima and supports consumers and caregivers through the Medi-Cal fair hearing process. The regional center has access to the CalOptima community disability liaison and attends the Area Board Task Force meetings to discuss consumer issues, concerns, and unmet health needs.

RCOC obtains information about Medi-Cal by attending conferences offered by Medi-Cal, CalOptima, Department of Health Care Services In-Home Operations Unit, and IHSS. The regional center also has a benefits advocate who is a Medi-Cal resource for RCOC staff.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The informational interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, QA evaluations of CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and quality assurance among programs and providers where there is no regulatory requirement to conduct quality assurance monitoring.

II. Scope of Interview

The monitoring team interviewed two QA coordinators and a QA consultant who are part of the team responsible for conducting QA activities.

III. Results of Interview

1. The interviewed QA staff provided specific information about RCOC's process for conducting annual Title 17 reviews, unannounced visits and provider training. RCOC's QA coordinators conduct the annual facility monitoring visits. Additionally, the QA coordinators work in conjunction with service coordinators assigned as facility liaisons to conduct two unannounced visits each year; one visit is done by the liaison and one by the QA coordinator.
2. The QA coordinators act as team leaders for the triennial QA evaluations, the more extensive reviews that may include additional regional center staff, consumers, family members, and other members of the community. The evaluation includes a review of records, medications, personal and incidental funds, consumer interviews, staffing ratios, first aid certificates, and a safety walkthrough.
3. The information garnered from QA activities is compiled and analyzed by the QA consultant for trends of related issues that need to be addressed with training and/or referrals to appropriate consultants. The QA consultant also monitors data from special incident reports (SIRs) that generate vendor training. All vendors are encouraged to attend training in areas such as assessing client referrals for admission, money management procedures, SIRs, coordinating individual service plans and individual program plans, and medication administration.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed twelve service providers at eight community care facilities (CCFs) and four day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs and attempted to foster the progress of consumers.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness, and knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team conducted site visits and completed nine direct service staff interviews at six community care facilities (CCFs) and three day programs where services are provided to the consumers scheduled to be visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy and positive environment where their rights are respected.

II. Scope of Review

1. The monitoring teams reviewed a total of eight CCFs and two day programs.
2. The teams used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

The CCFs and the day programs were found to be in good condition with no immediate health and safety concerns.

IV. Finding and Recommendation

None.

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by Regional Center of Orange County (RCOC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 68 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. RCOC reported all deaths during the review period to DDS.
2. RCOC did not report one special incident in the sample of 68 records selected for the HCBS Waiver review to DDS.
3. RCOC's vendors reported all ten (100%) of the SIRs in the supplemental sample within the required timeframes.
4. RCOC reported all ten (100%) of the SIRs to DDS within the required timeframes.
5. RCOC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the ten incidents.

IV. Findings

Consumer #XX: The incident occurred on May 24, 2007 and was reported to RCOC on May 28, 2007. However, RCOC did not report the incident to DDS. This is ok

Recommendation	Regional Center Plan/Response
RCOC should ensure that special incidents are reported to DDS.	Through the RCOC centralized special incident department, RCOC will report all special incidents to DDS per Title 17 regulations.

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF #	Day Program #
1	XXXXXXXX	2	
2	XXXXXXXX	7	
3	XXXXXXXX		13
4	XXXXXXXX	8	
5	XXXXXXXX		
6	XXXXXXXX		7
7	XXXXXXXX		6
8	XXXXXXXX		1
9	XXXXXXXX	9	
10	XXXXXXXX		5
11	XXXXXXXX		13
12	XXXXXXXX	12	
13	XXXXXXXX		13
14	XXXXXXXX		11
15	XXXXXXXX		3
16	XXXXXXXX		6
17	XXXXXXXX		1
18	XXXXXXXX	6	
19	XXXXXXXX	10	
20	XXXXXXXX	11	
21	XXXXXXXX	3	
22	XXXXXXXX		10
23	XXXXXXXX	4	
24	XXXXXXXX	5	
25	XXXXXXXX	1	
26	XXXXXXXX		
27	XXXXXXXX		
28	XXXXXXXX		
29	XXXXXXXX		
30	XXXXXXXX		
31	XXXXXXXX		
32	XXXXXXXX		
33	XXXXXXXX		
34	XXXXXXXX		
35	XXXXXXXX		
36	XXXXXXXX		5

#	UCI	CCF #	Day Program #
37	XXXXXXXX		11
38	XXXXXXXX		
39	XXXXXXXX		4
40	XXXXXXXX		
41	XXXXXXXX		7
42	XXXXXXXX		10
43	XXXXXXXX		
44	XXXXXXXX		12
45	XXXXXXXX		
46	XXXXXXXX		12
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		2
53	XXXXXXXX		
54	XXXXXXXX		
55	XXXXXXXX		7
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		9
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		
65	XXXXXXXX		
66	XXXXXXXX		
67	XXXXXXXX		
68	XXXXXXXX		

HCBS Waiver Review Service Providers

CCF#	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
8	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX

DP#	Vendor
1	XXXXXX
2	XXXXXX
3	XXXXXX
4	XXXXXX
5	XXXXXX
6	XXXXXX
7	XXXXXX
9	XXXXXX
10	XXXXXX
11	XXXXXX
12	XXXXXX
13	XXXXXX

SIR Review Consumers

#	UCI	Vendor #
72	XXXXXXXX	XXXXXX
73	XXXXXXXX	XXXXXX
74	XXXXXXXX	XXXXXX
75	XXXXXXXX	XXXXXX
76	XXXXXXXX	XXXXXX
77	XXXXXXXX	XXXXXX
78	XXXXXXXX	XXXXXX
79	XXXXXXXX	XXXXXX
80	XXXXXXXX	XXXXXX
81	XXXXXXXX	XXXXXX